

## HISTORY FACILITY PROFILE

HARMONY HOME HEALTH LLC PROVIDER #: 467104 TYPE ACTION: RECERTIFICATION  
 5282 SOUTH COMMERCE DRIVE, SUITE D282 PHONE NUMBER: (801) 281-0537 TYPE FACILITY: OFFICIAL HEALTH  
 MURRAY UT 84107 PARTICIPATION DATE: 06/06/1996 TYPE OWNERSHIP: PROPRIETARY  
 STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

## CURRENT SURVEY REVISIT DATES -

PRIOR 3 SURVEY 08/1998	PRIOR 2 SURVEY 07/1999	PRIOR 1 SURVEY 08/2000	CURRENT SURVEY 02/20/2002	PLAN/DATE OF CORRECTION	PROGRAM REQUIREMENTS
			X C	04/20/2002	STD G0103-MAINTAINS DOCUMENTATION OF COMPLIANCE WITH PATIENT RIGHTS
X	X				STD G0104-PATIENT HAS RIGHT TO EXERCISE RIGHTS AS PATIENT OF HHA
			X C	04/20/2002	STD G0115-RIGHT TO BE INFORMED OF CHANGES NO LATER THAN 30 DAYS FRO
X	X				STD G0116-RIGHT TO BE ADVISED OF AVAILABILITY OF TOLL-FREE HHA HOTL
X					STD G0141-PERSONNEL POLICIES
		X			STD G0145-WRITTEN REPORT FOR EACH PATIENT TO ATTENDING PHYSICIAN EV
X					STD G0161-ORDERS FOR THERAPY SERVICES INCLUDE PROCEDURES, MODALITIE
			X C	04/20/2002	STD G0165-DRUGS & TREATMENT ADMINISTERED ONLY AS ORDERED BY PHYSICI
X					STD G0214-PERFORMANCE REVIEW OF EACH AIDE AT LEAST EVERY 12 MONTHS
X			X C	04/20/2002	STD G0215-HOME HEALTH AIDE RECEIVES AT LEAST 12 HOURS INSERVICE TRA
		X			STD G0224-WRITTEN INSTRUCTIONS FOR HOME CARE PREPARED BY RN OR THER
		X			STD G0228-SUPERVISORY VISITS BY RN IF PATIENT RECEIVING SKILLED NUR
			X C	04/20/2002	STD G0229-SUPERVISORY VISITS IF SKILLED CARE NO LESS THAN ONCE EVER
		X			STD G0236-RECORD WITH PAST/CURRENT FINDINGS MAINTAINED FOR ALL PATI

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
STANDARD	5	4	2	6
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0	0	0
HEALTH TOTAL	5	4	2	6

STATUS OF DEFICIENT COPS  
CURRENT SURVEY

	DEFICIENCY NOT CORRECTED	DEFICIENCY CORRECTED AFTER APPROVAL	REPEAT COP DEFICIENCY
COP	0	0	0

## COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
08/05/1998	UNSUBSTANTIATED
07/05/2000	UNSUBSTANTIATED
09/11/2001	SUBSTANTIATED
02/20/2002	UNSUBSTANTIATED

## FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT  
 COP = CONDITION REQ = REQUIREMENT